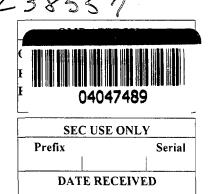
# FORM D

#### UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Series B Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506  Type of Filing: New Filing	Section 4(6) UCOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Ageia Technologies, Inc.	DC1 2 0 2004
Address of Executive Offices (Number and Street, City, State, Zip Code) 4041 Forest Park Blvd., Suite 121, St. Louis, MO 63108	Telephone Number (Including Area Code) (314) 615-6334
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)  PROCESSED
Brief Description of Business  Chip designing and software physics processing for video games	OCT 21 200%
Type of Business Organization    Corporation   Iimited partnership, already formed   Iimited partnership, to be formed   other	THOMSON FINANCIAL (please specify):
Actual or Estimated Date of Incorporation or Organization:    Month Year	Actual Estimated tate:  D E

### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## \_ ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



•		A. BASIC II	DENTIFICATION DATA		
<ul><li>Each beneficial own</li><li>Each executive office</li></ul>	e issuer, if the issuer having the power to	has been organized within the vote or dispose, or direct porate issuers and of corporate issuers			f equity securities of the issuer; ssuers; and
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Hegde, Manju					
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
c/o Ageia Technologies, Inc	., 4041 Forest Park I	Blvd., Suite 121, St. Lou	is, MO 63108		
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Davis, Curtis					
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
c/o Ageia Technologies, Inc	., 4041 Forest Park I	Blvd., Suite 121, St. Lou	is, MO 63108		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Sung, David		A-0			
Business or Residence Addre c/o HIG Ageia, Inc., 950 E.	•		30326		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Ranganathan, Babu					
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
c/o Apex Investment Fund	V, L.P., 225 W. Was	shington Street, Suite 15	00, Chicago, IL 60614		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Dougery, John					
Business or Residence Addre	•		•		
c/o BAVP, L.P., 950 Tower				57 5	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Fries, Ed					
Business or Residence Addre 7629 NE Champagne Pt. Pl	•				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Bonham, Scott	- 111/2 - 12/2 - 12/2				
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			
c/o Granite Global Venture				·	
	(Use blanl	k sheet, or copy and use a	dditional copies of this shee	et, as necessary)	

A. BASIC IDENTIFICATION DATA
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
BAVP, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)  950 Tower Lane, Suite 800, Foster City, CA 94404, Attn: John Dougery, Jr.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
HIG Ageia, Inc.
Business or Residence Address (Number and Street, City, State, Zip Code)
950 E. Paces Ferry Road, Suite 1550, Atlanta, GA 30326, Attn: David Sung
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Apex Investment Fund V, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)
225 W. Washington Street, Suite 1500, Chicago, IL 60614, Attn: Babu Ranganathan
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Bordes, Jean P.
Business or Residence Address (Number and Street, City, State, Zip Code)  2388 Eagle Forest Drive, St. Charles, MO 63303
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Maher, Monier
Business or Residence Address (Number and Street, City, State, Zip Code)
6447 Alamo Avenue, #1E, St. Louis, MO 63105
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Otto Schmid
Business or Residence Address (Number and Street, City, State, Zip Code)
6625 Clayton Avenue, #228, St. Louis, MO 63139
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Granite Global Ventures II L.P., c/o Granite Global Ventures, 2494 Sand Hill Road, Suite 201, Menlo Park, CA 94025
Business or Residence Address (Number and Street, City, State, Zip Code) 6625 Clayton Avenue, #228, St. Louis, MO 63139
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				В.	INFOR	MATION A	ABOUT OF	FERING				
1 Hen	the issues and	d th- i-	: 4 4	o soll to mo			hia affarina9				Yes	No ⊠
1. Has	the issuer sold,	or does the is	ssuer intena t		n-accredited : also in Apper				····		L	
2. Wha	it is the minimu	m investmen	t that will be				_				\$	\$0.87
				•	•						Yes	No
	s the offering po	-	•	•							$\boxtimes$	
	r the informatio ineration for sol											
pers	on or agent of a	broker or dea	ler registered	I with the SE	C and/or wit	h a state or st	ates, list the r	name of the bi	oker or deal	er. If more		
	five (5) persons er only.	s to be listed a	are associated	persons of	such a broker	or dealer, yo	ou may set to	rtn tne inforn	nation for the	at broker or		
Full Name	(Last name fir	st, if individu	ıal)									
N/A			10		<b></b>							
Business	or Residence Ac	idress (Numb	per and Stree	t, City, State	, Zip Code)				•			
Name of A	Associated Brok	er or Dealer					******					
States in V	Which Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers		····					
(Check	"All States" or	check indivi	duals States)					•••••	•••••		☐ Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[OH]	(OK)	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last name fir	st, if individu	ıal)									
			,									
Business	or Residence Ac	ddress (Num)	er and Stree	t, City, State	, Zip Code)			_				7
Name of	Associated Brok	er or Dealer										
States in V	Which Person L	isted Has Sol	licited or Inte	nds to Solic	it Purchasers			-				
(Check	"All States" or	check indivi	duals States)								☐ Al	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		. ,				. ,						
Full Name	e (Last name fir	st, if individu	ıal)									
Business	or Residence Ac	ddress (Numl	per and Stree	t, City, State	, Zip Code)			-				,
Name of	Associated Brol	cer or Dealer										
States in 1	Which Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers				G.,(1			
	"All States" or										Па	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
[-~]	[~~]	J						nis sheet as n		F ***4		[^ · ^J

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	=	\$0_
	Equity	\$_21,000,000.00	\$ <u>18,937,852.02</u>
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify)	\$ 0	\$ 0
	Total		\$_18,937,852.02
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	For the purposes of reporting on this Form D, no consideration was received upon issuance of authorized warrant and up to \$2,468.81 is to be received upon exercise of the warrant.  Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines.		
	Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	13	\$ <u>18,937,852.02</u>
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$ <u> </u>
	Regulation A	0	\$0
	Rule 504	0	\$0
	Total	0	\$ 0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees	<del></del>	\$ 85,000.00
	Accounting Fees		\$0
	Engineering Fees	_	\$ 0
	Sales Commissions (specify finders' fees separately)	<u> </u>	\$ 0
	Other Expenses (identify)		\$ 0
	Total		\$_ 85,000.00
		<u>~~</u>	

Purci Cons Acqu used Repa	icate below the amount of the adjusted gropurposes shown. If the amount for any purposes shown. If the amount for any purposes shown. The total of the payment the in response to Part C - Question 4.b about the amount for any purpose aries and fees	of machinery and equipmentnd facilities	Paymer Officers, Di Affilia	o o	\$0
the pileft of forth  Salar  Purci  Cons  Acqu used  Repa  Worl	purposes shown. If the amount for any purposes shown. If the amount for any purpose to the estimate. The total of the payment the in response to Part C - Question 4.b about the aries and fees	or machinery and equipment	Paymer Officers, Di Affilia	o o	Others  \$ 0  \$ 0
Purci Purci Cons Acquused Repa	rchase of real estaterchase, rental or leasing and installation on instruction or leasing of plant buildings and quisition of other businesses (including the	of machinery and equipmentnd facilities	Officers, Di Affilia  \$	o o	Others  \$ 0  \$ 0
Purci Purci Cons Acquused Repa	rchase of real estaterchase, rental or leasing and installation on instruction or leasing of plant buildings and quisition of other businesses (including the	of machinery and equipmentnd facilities		0	\$0
Purch Cons Acquised Repa	rchase, rental or leasing and installation on instruction or leasing of plant buildings are quisition of other businesses (including the	of machinery and equipmentnd facilities	🗆 \$		
Cons Acqu used Repa Worl	nstruction or leasing of plant buildings are	nd facilitieshe value of securities involved in this offering t		0	
Acquused Repa	quisition of other businesses (including the	he value of securities involved in this offering t	🗆 \$		S0
Repa Work	quisition of other businesses (including the din exchange for the assets or securities	ne value of securities involved in this offering t		0	\$0
Worl		of another issuer pursuant to a merger)	hat may be	0	<b>\$</b> 0
	payment of indebtedness			0	<b>\$</b> 0
	orking capital		S	0	<b>∑</b> \$ 20,915,000.00
Otne	ner (specify):		🗆 \$	0	
Total Payments Listed (column totals added)					15,000.00
		D. FEDERAL SIGNATUR	RE		
ndertakin		y the undersigned duly authorized person. If this notices and Exchange Commission, upon written required to the solution of th			
ssuer (Pi	Print or Type)	Signature	Date	• • • • • • • • • • • • • • • • • • • •	
	echnologies, Inc.	Title of Signer (Print or Type)	October 18, 200	14	
	f Signer (Print or Type) Danaher	Title of Signer (Print or Type) Secretary			